

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY  
**EMERGENCY MEDICINE CURRICULUM**

Target: PGY 2-3  
Updated September 2018

**A. EDUCATIONAL OVERVIEW**

The Emergency Medicine rotation provides residents the opportunity to develop their clinical skills in a high-acuity, emergency room setting with a focus on rapid diagnosis, clinical stabilization and triaging in addition to exposure to diseases and conditions seen in the acute outpatient setting.

**B. ROTATION DESCRIPTION AND STRUCTURE**

This rotation takes place in the Emergency Department (ED) at Olive View-UCLA Medical Center. Resident rotators will have completed one year of internship prior to this rotation. Rotations will be two weeks in length, with a minimum of four weeks total over the three-year training. During the rotation, the resident will be assigned to work clinical shifts that are designed to be compliant with duty-hour regulations. Residents will provide direct patient care to patients coming to the Emergency Room. All patient care will be supervised by attending physicians from the Department of Emergency Medicine (DEM). Resident rotators from the Internal Medicine program will work alongside residents from the UCLA Emergency Medicine residency program.

**C. GOALS & OBJECTIVES**

The goals and objectives apply to PGY-2 and PGY-3 residents with proficiency expected by the completion of the three-year training.

- 1. Goal: Initiate evaluation and provide basic management of common complaints and conditions seen in the Emergency Room.**
  - Perform a focused history, exam and targeted diagnostic work-up for common presentations: chest pain, shortness of breath, abdominal pain, fever, headache, weakness, syncope, vomiting, bleeding. (PC1, MK1)
  - Refer appropriate cases for consultation. (PC5)
  - Order appropriate medications and therapies in a timely manner to alleviate acute discomfort, such as pain, dyspnea, nausea, and agitation. (PC2/3, PROF2/3)
  
- 2. Goal: Quickly evaluate and manage emergent conditions and diagnoses, including medical and surgical emergencies.**
  - Identify patients with complaints, vital signs, exam findings, and laboratory or diagnostic study findings that indicate life-threatening conditions. (PC1/3, MK1)
  - Initiate treatment tailored to the life-threatening condition. (PC2/3, PROF2)
  - Seek help as appropriate from the supervising physician, other team members, and consultants in a timely manner. (PC2/3, SBP1, PROF2)

**3. Goal: Triage patients and perform risk stratification to prioritize patient care and guide patient disposition.**

- Rapidly identify patients and conditions requiring high prioritization of care based on brief clinical assessment (*e.g.* vital signs, chief complaint, nurse triage evaluation). (PC1/3, MK1)
- Utilize clinical decision support tools to stratify patients by risk of disease or risk of mortality, including for pneumonia, pulmonary embolism, angina, and syncope. (PC2, MK1)
- Select appropriate level of care and follow-up that takes into consideration the patient's condition, patient's preference, and cost to the healthcare system. (PROF2/3, SBP3)

**4. Goal: Understand and perform basic bedside medical procedures for diagnosis and therapeutic management.**

Procedures: Peripheral IV placement, Venous blood draw, Arterial blood draw, Central line placement, Endotracheal intubation, Repair of simple laceration, Incision and drainage (I&D) of abscess, Basic splinting, Paracentesis, Lumbar puncture, Thoracentesis.

- Explain the indications, risks, benefits, and complications of these procedures. (MK2)
- Perform competently simple laceration repair, I&D, and splinting. (PC4)

**5. Goal: Coordinate and transition patient care safely and effectively.**

- Engage other ED team members, including nurses, technicians, clerks, social workers, and utilization management nurses, with effective communication and professional conduct to enhance the care of patients. (PROF1/2/4, SBP1, ICS2)
- Seek help appropriately from the supervising physician. (PC3, PROF2)
- Give and receive effective sign-out from other ED providers at the start and end of the shift. (ICS2, SBP1)
- Communicate effectively to the next provider when transitioning patient care out of the ED (*e.g.* at the time of admission, transfer, or discharge). (ICS2, SBP4)
- Provide effective verbal and written medical information to the patient to promote medical understanding and self-care, including use of language appropriate to the patient, assessment of patient understanding, and anticipatory guidance. (ICS1, PC3, PROF3)

**6. Goal: Address the needs and rights of the patient in the context of the healthcare system.**

- Identify the goals of the patient and articulate to the patient how his/her needs are being addressed. (PROF3, ICS1, PC3)
- Seek consent from the appropriate medical decision maker according to local laws, whether the patient, surrogate decision-maker, or two physicians when appropriate. (PC3, PROF3)
- Keep patients (and families when appropriate) informed of the medical concerns and decisions, including diagnostic work-up, recommended treatment, and plan for admission. (ICS1, PC3)
- Identify and incorporate the patient's cultural and socioeconomic factors into the management plan. (PC2/3, PROF3)
- Maintain patient confidentiality and privacy, particularly with sensitive medical topics. (PROF4).

#### **D. CLINICAL TOPICS IN EMERGENCY MEDICINE**

- Medical and Surgical Emergencies
  - Shock: sepsis, cardiogenic shock, cardiac tamponade, tension pneumothorax, massive/submassive pulmonary embolism, hemorrhage, anaphylaxis
  - Respiratory failure
  - Cardiac arrest
  - ST elevation myocardial infarction (STEMI)
  - Acute stroke
  - Seizure
  - Neurosurgical emergencies: increased intracranial pressure, spinal cord compression, cauda equine syndrome, acute intracranial hemorrhage
  - Acute surgical abdomen: acute cholecystitis, acute appendicitis, bowel obstruction, mesenteric ischemia
  - Necrotizing infections
- Soft tissue injuries
  - Human and animal bites
  - Lacerations
  - Burns
- Orthopedic injuries
  - Acute fractures
  - Sprains and strains
  - Rotator cuff injuries
  - Meniscal and ligamentous knee injuries
- Other trauma
  - Falls
  - Motor vehicle collisions
- Ophthalmologic conditions
  - Corneal abrasion and foreign body
  - Orbital and Periorbital infections
  - Acute Angle Glaucoma
  - Retinal detachment
  - Vitreous hemorrhage
- Toxicology
  - Drug overdose: acetaminophen, aspirin, digoxin
  - Illicit drug intoxication: alcohol, opioid, amphetamine, cocaine, ecstasy

- Drug withdrawal: alcohol, opioid

#### **E. TEACHING METHODS**

Clinical education is provided through direct patient care and case discussion with the supervising attending physician. Additional didactic teaching may be provided by the attending physician on duty.

#### **F. SUPERVISION AND EVALUATION**

All housestaff and patient care will be supervised by the attending physician from the Department of Emergency Medicine.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided during the shift. A composite written evaluation will be submitted electronically at the end of the rotation. These can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

#### **G. EDUCATIONAL RESOURCES**

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Dynamed (coming)
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)